

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30096

(2)

1. Corporation Name
THE TORRINGTON COMPANY



Principal Place of Business
59 FIELD STREET
TORRINGTON CT 06790

Mailing Address
59 FIELD STREET
TORRINGTON CT 06790-4942

3. Date Incorporated or Qualified 07/05/1990
3a. Date of Last Report 04/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

25 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

06-0564725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NIXON, ALLEN M.
STREET ADDRESS 52 DANIEL TRACE
CITY- ST- ZIP BURLINGTON CT
☐ DELETE

TITLE V
NAME KELLEHER, GEORGE R.
STREET ADDRESS RFD #2, NILES ROAD
CITY- ST- ZIP WINSTED CT...
☐ DELETE

TITLE S
NAME BOYD, ROBERT T.
STREET ADDRESS 8 MULBERRY LANE
CITY- ST- ZIP AVON CT
☐ DELETE

TITLE V
NAME JOHNSON, FRANK C.
STREET ADDRESS 117 FOX DEN
CITY- ST- ZIP AVON CT
☐ DELETE

TITLE V
NAME TOUPIN, GERARD A.
STREET ADDRESS 17 AUTUMN LEAVES RD
CITY- ST- ZIP WALLINGFORD CT
☐ DELETE

TITLE V
NAME BURROUGHS, JAMES S.
STREET ADDRESS 25 OLD MILL ROAD
CITY- ST- ZIP COLLINSVILLE CT
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not contain any false or misleading information indicated on this annual report or supplemental annual report. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

George R. Kelleher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George R. Kelleher, VP & Controller 4/22/97

Date

Daytime Phone #

0022085

CR2E034 (9/96)